

Texas Department of Licensing and Regulation PO Box 12057 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.driver.education.safety@tdlr.texas.gov

## 28-HOUR DRIVING SAFETY INSTRUCTOR DEVELOPMENT **COURSE STUDENT INSTRUCTION RECORD**

DO NOT WRITE ABOVE THIS LINE							
This form must be signed by the course provider; and the original submitted with instructor license application.							
Name of Trainee: (Please print or type)			DL#			Phone#	
Mailing Address:			City:			State:	Zip Code:
16 INSTRUCTIONAL HOURS: Techniques of instruction and in-depth familiarization with the driving safety curriculum materials Location where instructional							
IDC training occurred:							
Street Address			City			State	
Date of Practice Teaching			Grade (Aptitud e & Signa		Signature of DSIT	· In	structor License #
-					-		
T-4-111							
Total Hours: (Minimum 12)		☐ Practice Teaching ☐ Other	Specialized Tra	aining /	(check as applicable)		
I certify that all the training dates, hours of training, and signatures on this 16-hour IDC training record are true and correct to the best of my knowledge and belief, and I understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or revocation of my driving safety instructor license.							
Signature of IDC Instructor Trainer Signature of Trainee							
<b>12 PRACTICAL TEACHING HOURS</b> : Twelve hours of practical teaching or demonstrative presentation. Observation will not be considered as valid training. Only actual time of instruction under the observation of an instructor trainer will be accepted for practice teaching and/or other specialized training.							
Date of Practice Teaching	Lesson Time (Hours)	Location	(Ар	ade titud &	Signature of DSIT	· In	structor License #
Total Hours:							
(Minimum 12) Practice Teaching Other Specialized Training (check as applicable)  I certify that all the training dates, hours of training, and signatures on this 12-hour training record are true and correct to the best of my knowledge an understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or revocation of my instructor license.							
Signature of Driving S	Signature of Trainee						
Signature of Course Provider or Designated Representative Date							